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APPLICANTS

Mary Ann Lukas-Laskey, Rosemont, PA;
 Robert Ruffolo JR., Spring City, PA;
 Neil Howard Shusterman, Wynnewood, PA;
 Gisbert Sponer, Laudenbach, GERMANY;
 Klaus Stein, Hemsbach, GERMANY;

**** CONTINUING DATA *******

This application is a REI of 08/483,635 06/07/1995 PAT 5,760,069

**** FOREIGN APPLICATIONS *******

GERMANY 19503.995.5 02/08/1995

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/30/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	PA		9	1
Verified and Acknowledged	<i>V. Wobley</i> <i>Kew</i> Examiner's Signature Initials				

ADDRESS

22852

TITLE

METHOD OF TREATMENT FOR DECREASING MORTALITY RESULTING FROM CONGESTIVE HEART FAILURE

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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